

EXHIBIT 6

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

PACIRA BIOSCIENCES, INC.,

Plaintiff,

v.

AMERICAN SOCIETY OF
ANESTHESIOLOGISTS, INC., et al.,

Defendants.

Civil Action No. _____

**DECLARATION OF SCOTT M.
KREGER, M.D.**

I, Scott M. Kreger, M.D., do hereby declare:

1. I am over 18 years of age and have personal knowledge of the information contained herein. I am a Board-certified anesthesiologist. I reside in Atlanta, Georgia and currently serve as the Associate Chief of Anesthesiology at Emory Decatur Hospital. I received my Medical Degree from the University of Miami Miller School of Medicine. I am not receiving any compensation of any kind for this declaration.

2. As an anesthesiologist, I frequently use liposomal bupivacaine as a nerve blocking agent in surgical patients, and have done so with great success. I find it particularly effective for interscalene nerve blocks (near the neck/shoulder) for upper extremity surgeries and for popliteal blocks (in the knee) for lower extremity surgeries. I often have surgeons expressly request that I use liposomal bupivacaine because of the positive results it provides.

3. As a member of the American Society of Anesthesiologists, I received a copy of the February 2021 journal, *Anesthesiology*. That issue contained several articles that were critical of liposomal bupivacaine when used as a nerve blocking agent. When I reviewed these articles after receiving them, I was surprised and troubled by their conclusions, which were contrary to my own clinical experience when using the drug in my patient treatment plan.

4. One article, titled Perineural Liposomal Bupivacaine Is Not Superior to Nonliposomal Bupivacaine for Peripheral Nerve Block Analgesia, authored by Dr. Nasir Hussain and others, was particularly concerning. As I reviewed it, I was struck by the apparent selection bias of the authors in the articles they chose to review as part of their analysis. Even though, to my knowledge, there are over a hundred studies on the use of liposomal bupivacaine, the authors narrowed their review to only nine studies. I observed that they excluded all studies that pertained to the more common use of liposomal bupivacaine, such as for interscalene and popliteal nerve blocks, instead focusing on more uncommon uses of the drug. The authors also excluded *a priori* any study that was industry-funded, which is hard to justify. Many studies of pharmaceutical drugs are industry-funded, especially for new drugs. After reading this article, I was left with a clear sense that the authors made an unbalanced selection of trials in order to arrive at a predetermined negative result. I cannot recall ever seeing a review article so severely, and apparently selectively, pare down the universe of studies included for review and exclude studies that contradict what appear to be a predetermined result.

5. Since my initial review of the articles, I have also learned that at least some of the authors of a second article, titled Clinical Effectiveness of Liposomal Bupivacaine Administered by Infiltration or Peripheral Nerve Block to Treat Postoperative Pain, failed to disclose financial conflicts of interests. As noted above, I do not discount studies simply due to a potential financial conflict of interest. But if an author appears to deliberately omit a financial conflict of interest, I consider that to be an ethical breach and would have concerns about the integrity of the study design and conclusions.

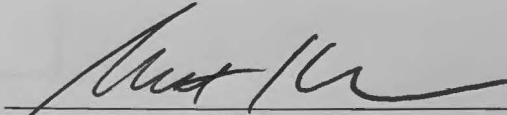
6. In my experience, these *Anesthesiology* publications, which were critical of liposomal bupivacaine, are having a material impact on the use of the drug. There are nine other

anesthesiologists in my group, and they have recently significantly reduced their use of liposomal bupivacaine because of the articles.

7. As a practitioner who relies on liposomal bupivacaine in his treatment of patients and firmly believes in the benefits it offers, I am gravely concerned that these articles will needlessly impair the use of liposomal bupivacaine in treatment care plans and patient care to the detriment of patient outcome and satisfaction.

Date:

3/26/21



Scott Kreger, M.D.